

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90004 002 \*\*\*150.00

**DOCUMENT # P04259**

1. Entity Name

**LUBLINER AND HIMMEL CORP.**

Principal Place of Business

Mailing Address

320 ROYAL POINCIANA PL.  
 PALM BEACH FL 33480  
 US

320 ROYAL POINCIANA PLAZA  
 PALM BEACH FL 33480-4020  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-2435247**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIMMEL, RICHARD**  
**320 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIMMEL, RICHARD	
STREET ADDRESS	350 W. ONTARIO ST, 2E	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HIMMEL, JOHN	
STREET ADDRESS	350 WEST ONTARIO ST, 2E	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HIMMEL, ELINOR	
STREET ADDRESS	350 WEST ONTARIO ST, 2E	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	T	<input type="checkbox"/> Delete
NAME	PENZIK, PHYLLIS	
STREET ADDRESS	350 WEST ONTARIO ST, 2E	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Phyllis Penzik*  
**PHYLLIS PENZIK**

Date

*2/9/00*

Daytime Phone #

CR2E034 (9/99)